University of West Florida **Office of the Registrar - (850) 474-2245**

ASSOCIATE OF ARTS APPLICATION FOR GRADUATION

Prospective graduates must submit this application during the first week of classes of the semester prior to the semester of anticipated graduation. The application must be signed by the student, submitted to the University Advising Center, reviewed and signed by the advisor, and forwarded immediately to the Office of the Registrar.

	Fall	**Spring**	**Summer**	**20_____**

UWF I.D. NUMBER

ANTICIPATED GRADUATION SEMESTER (*CIRCLE ONE*) & YEAR

A.A. DEGREE TO BE AWARDED: *INDICATE ONLY ONE DEGREE PER APPLICATION.*

☐ **Associate of Arts** ☐ **A.A. Pre-Engineering*** ☐ **A.A. Pre-Pharmacy***

MUST DECLARE THIS AS A MAJOR PRIOR TO SUBMITTING GRADUATION APPLICATION.

NAME: TYPE OR PRINT YOUR NAME **EXACTLY** AS YOU WISH IT TO APPEAR ON THE DIPLOMA, CLEARLY INDICATING SPACING, PUNCTUATION, AND CAPITALIZATION.

FIRST:

MIDDLE:

MAIDEN (OPTIONAL):

LAST:

SUFFIX (OPTIONAL): (JR., SR., III, IV, ETC.)

DIPLOMA MAILING ADDRESS – DO NOT LEAVE BLANK. This is the address to which your diploma will be mailed. Contact the Graduation Coordinator in the Office of the Registrar if your address changes after you have submitted this application. If you desire to change your current or permanent address, please contact the Registrar's Office.

Street/Box No._____

_____

City State Zip Code Country (if other than U.S.)

I understand that should my graduation be delayed, I must reapply for graduation, and notifications and correspondence from the University pertaining to graduation will be conducted through my UWF student email account.

STUDENT'S SIGNATURE:_____ DATE:_____

SECONDARY EMAIL*:_____ PHONE NUMBER:_____

**Only to be utilized in exceptional circumstances. All graduation correspondence will be primarily conducted through the UWF student email account.*

ACADEMIC ADVISOR RECOMMENDATION:**

I have reviewed this student's application and record. I recommend that the student be placed on the list of prospective graduates. Final certification will be determined after receipt of final grades and test scores.

*** Associate of Arts by the University Advising Center; Pre-Engineering by the Engineering department; Pre-Pharmacy by the Biology department*

ADVISOR'S SIGNATURE: _____ DATE: _____

Upon completion, the department should immediately forward the application to the Office of the Registrar.

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